Hereson House Limited

One Step South Domiciliary Care Agency

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 25, 26 and 29 September 2017 and was announced.

The service provides care and support to people living in their own homes.

The service was last inspected in June 2016 and was rated as 'Requires Improvement' overall and in each of the five domains. At that inspection, we found breaches of Health and Social Care Act Regulations relating to dignity, respect and privacy, the lack of actions to properly mitigate some known risks to people and insufficient training for staff in some key areas. We issued requirement notices about these issues and asked the provider to make the necessary improvements.

We also served two Warning Notices about breaches of Regulation relating to care planning and the need to seek and act on people's views. Actions arising from auditing had not been consistently effective in addressing any shortfalls in the safety and quality of the service.

Following our last inspection the provider sent us an action plan. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. At this inspection we found improvements had been made and the breaches of Regulation were now resolved, with both Requirement actions and Warning Notices now met.

Risks to people, including those associated with medicines, had been properly assessed and actions to reduce risks were taken in practice. Staff understood their responsibility to keep people safe and to report any concerns in this regard. People's medicines were managed safely

There were enough staff deployed to meet people's needs and training had increased and improved. Safe recruitment practices were in operation.

Staff received effective supervision and training that was relevant to the people they supported. They understood and applied the principles of the Mental Capacity Act (MCA) 2005 and verbal consent was sought from people when support was offered.

People's health care needs, including around nutrition were assessed, monitored and supported. Staff were respectful, courteous and were mindful of people's right to privacy. Independence and choice were promoted by staff so that people could live their lives as they wished.

Care planning was person-centred and took into account people's preferences and chosen routines. A range of activities were supported by staff and people said they enjoyed these. There was an effective complaints process in place and people and relatives knew how to raise concerns. There was evidence of improvements made as a result of complaints.

Leadership and oversight had improved. Auditing and checks were used to identify any shortfalls in quality and safety so they could be addressed. Feedback was sought in a variety of ways and people and relatives told us the management team were approachable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood the importance of keeping people safe and were confident in reporting any concerns.

Assessments had been made of any potential risks to people and how those would be minimised.

There were enough staff to meet people's needs.

People were involved in recruiting staff to work with them, and processes for taking on new staff were usually robust.

Medicines were safely managed and people were supported to be as involved as possible in their administration.

Is the service effective?

Good

The service was effective.

Staff had received relevant training and appraisal and knew people's needs well.

Staff worked within the principles of the MCA and obtained consent accordingly.

People were supported with their nutritional needs.

Health and well-being needs were met effectively.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and were kind and compassionate.

People were enabled to live their life the way they wanted.

Privacy and dignity was supported by staff.

People were encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Care planning was person-centred and people's preferences observed.

Staff supported people to enjoy a variety of activities including holidays.

People and relatives knew how to complain and there was evidence of improvements made in response to complaints.

Is the service well-led?

Good

The service was well led.

There was improved leadership and oversight of the service.

Audits and checks were used to identify shortfalls and make changes for the better.

Feedback was sought in a variety of ways.

The registered manager notified CQC of important events, as required.

One Step South Domiciliary Care Agency

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25, 26 and 29 September and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service.

The inspection was carried out by one inspector and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Both experts by experience had experience of supporting people with learning disabilities.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We sent out surveys to people, people's relatives and health and social care professionals involved with the service. We reviewed information we held about the service. We looked at notifications received by the Care Quality Commission (CQC). A notification is information about important events which the provider is required to send us by law, such as a serious injury.

The inspection visit was carried out over three days. The inspector and one expert by experience visited and spoke with seven people in their own homes and two visiting relatives. The other expert by experience spoke with two people, one relative and seven staff who were supporting people in their homes, over the telephone. The inspector spent time in the office over two days, talking to the registered manager and four staff in the management team, looking at assessments and care plans and checking records. We looked at

eight staff files and eight care plans.

Good

Is the service safe?

Our findings

People told us or expressed that they felt safe. A person told us, 'They're kind and I feel safe. There is always somebody there. My carer is nice to me. I like going out and she takes me out sometimes." Another person told us, 'I do feel safe, I like the staff. I've been to the hospital today. I had a blood test – it hurt. The staff are friendly and helpful; I've got my own bedroom. If I wanted some help they would come.'' A staff member told us, "Communication is good between the staff and managers, and I would be confident to report anything I witnessed, and that it would be followed up on."

At our last inspection, risks had been identified but actions to reduce them had not been consistently considered or acted on. At this inspection the situation had been successfully resolved. There was a clear system of risk assessment to protect people as much as possible without limiting their experiences. This included a 'master' checklist of potential risks which helped make sure that none were missed. Once any risk had been identified on the checklist an individual and person-specific assessment was made about how the risk might affect the person and how it could be mitigated. People were asked what they wanted to do and activities were assessed to make sure people had the support they needed to reduce unnecessary risks, but still enable people to take part in things they enjoyed.

Risk assessments included step by step instructions for staff support. For example, some people had epilepsy and there were clear directions to staff about what to do if the person had a seizure along with emergency contact details. There was guidance for staff about the best way to manage behaviours that may challenge; being vigilant for any triggers and using distraction techniques for example. This helped to keep both people and staff safe in these situations.

People were given training to help them keep themselves safe, for example by having mobile phones with emergency numbers pre-programmed into them when going out. This extended to showing people how to use the washing machine, cooker and other household appliances safely and how to check bath temperatures were not too hot. Any risks to people had been reviewed and assessments updated since our last inspection to ensure that the most current information was reflected in care files.

There were clear safeguarding processes in operation and staff were confident about actions they should take if they suspected any person was at risk of harm. Staff had got to know people very well so they were able to recognise the signs and behaviours that indicated that people might be anxious or worried about something. During the inspection we observed that staff were vigilant and picked up non-verbal signals that people were feeling uncomfortable. For example; one person became shy when we tried to speak with them. Staff offered reassurance and told the person that they did not have to speak with us unless they wished to. The service had a whistleblowing policy; which described how staff could report suspected abuse or incidents to outside of the organisation if necessary. Staff were offered support if they had been exposed to difficult or distressing situations. Debrief meetings were held to enable them to talk through the circumstances and how they felt about them.

People were kept safe by practical measures such as landline telephones with large buttons and pre-set

numbers programmed into them to enable people to access help or assistance more easily if they needed it. People were supported to manage their money and protected from risks when needed. People and their relatives told us they received the supported they needed and were reassured by this. A person's relatives told us, "[Person's name] used to have money in their room, and they would just spend it all on take-aways. Now their money is regulated, held in a safe, which the staff support [person] with."

Accidents and incidents had been properly documented by staff to record the detail of what had happened when incidents or accidents occurred. This information was used to monitor any trends and identify when further input or action was needed by staff to support people.

People were involved in the recruitment of staff if they wished to be. Two people had sat on the interview panel for the most recent staff recruited. Interviews were held on Wednesdays so that people would know this in advance and be prepared for being involved. Staff and people's personalities were matched and people were listened to if they found they were not getting on with staff.

Staff recruitment processes were robust in the main, with application forms detailing applicants' entire work history and criminal records checks having been carried out before staff started working with people. References were obtained prior to employment. A reference for one staff member showed a poor sick record in their last job. There was no evidence that this had been followed up at the time and this staff member went on to have significant time off work sick after they were employed by the provider; which had impacted on the person they worked with, because other staff had to work with them when staff were off sick. This situation had been successfully addressed through supervision and support, but might have been prevented from arising if there had been greater follow up at the reference stage of recruitment. We spoke with the registered manager about this who agreed that the content of references would be checked more thoroughly in future.

There were enough staff to meet people's needs. A relative told us "There are sufficient staff and they're always there". The staffing rota was built around what people wanted and their chosen lifestyle. The number of staff needed to assist and hours required were clearly identified on the rota and staff were allocated to people to match interests and skills between them. One person was a season ticket holder for a local football team and liked to go to the matches each week and watch the football on the TV in the local pub. Another service user told us "I like to go swimming and I go every week now with [Staff name]".Staff hours were allocated at specific times to support these activities.

People were supported to take their medicines safely. The medicines administration and storage was person centred in that each person had their own medicines cabinet and were involved as much as possible in taking their own medicines. Information was provided in an accessible way for people to understand what their medicines were for and to guide staff for what to look out for regarding adverse effects.

Staff had received training and had their competency assessed before they supported people to take their medicines. Information about people's health conditions that required medicines occasionally was clear so that staff knew when people might need these medicines and how to administer them. Staff contacted the team leader for authorisation before they gave some of the medicines.

The team leaders and registered manager kept the medicines people were prescribed under review with each person's GP. Some people had been taking medicines for a long time and where possible these had been reduced by the GP with close monitoring by staff to ensure people remained safe and well. All medicines given were documented and these records were regularly checked by the team leader. All medicines that needed extra checks because of the risks associated with them were given safely and

recorded according to best practice guidelines. Any errors had been picked up by auditing and appropriate action had been taken to address them. This had included disciplinary action if staff practice had not met the required standard or was not in line with the provider's medicines policy. This helped to emphasise the importance of making sure people's medicines were right every time. When needed additional training had been given and staff competency had been re-checked following the sessions.

Good

Is the service effective?

Our findings

People and relatives told us they had confidence that staff would support them effectively. One person said "The place has improved in the last six months…Now the staff have a longer induction; two to three weeks, so I can get to know them". Another person commented "Staff help me get motivated, give me verbal reminders and encouragement to clean my room."

At our last inspection, people had not always been supported to ensure they remained in good health. At this inspection the situation had improved. People's health and well-being needs were regularly assessed and updated. People had assessments by occupational therapists for example, which had resulted in one person being provided with special equipment to support their posture. Counselling had been sourced for a person who had a low mood at times and we heard how this had supported the person to feel better.

Some people were living with epilepsy and occasionally had seizures. Staff had received training and had a good understanding of what to look out for that may indicate a potential seizure and how to respond. There was clear documentation in people's care plans to state how people were affected, what staff needed to do to support the person to recover and what information to record.

People were supported to manage health conditions that required specialist skills. Staff had received the training to support a person to manage a health condition. Staff explained how they supported this person and that the specialist community nurse monitored the person's health and gave them advice when needed.

Staff supported people with access to physiotherapy and a hydro pool for people with mobility difficulties or anxiety. One person had been given special exercises by physio to do in the pool. Staff were being shown how to do the exercises so that when the physio treatment finished staff would be able to continue to encourage the person to complete them. This person spoke with us and said how much they enjoyed using the pool and receiving physio. Staff reported that the person's posture had improved as a result of the physio work and was now able to stand up in the water.

At our last inspection there had been shortfalls in staff training and refreshers. At this inspection we found that staff had a good knowledge and understanding of the needs of the people in their care. There was an ongoing programme of training which included face to face and practical training, carried out in the training room or in people's flats; as appropriate and with their consent. On- line training including refreshers was also undertaken as needed. A member of staff said "I think I get enough training, most of it is e-learning but more of it now is face to face. For example because of the client I support I'm having epilepsy training. With face to face you can ask questions and get feedback."

Staff said they had lots of training that was organised around people's individual needs. A staff member commented, "The training is relevant to the clients," and another told us "We're always having training, I've just done sign language, Makaton.' Other recent training included the safe use of a medicine for treating epileptic seizures. A relative told us about the way staff had supported their loved one with a complex

condition. They said " I have been very impressed by them. They take him to hospital when necessary and stay with him overnight. They offer emotional support too".

Staff induction training included information about the Social Care Commitment. This is the adult social care sector's promise to provide people who need care and support with high quality services. Reference to this was ongoing in training sessions where staff were encouraged to give examples of how they are supporting people by working to one of the principles: supporting people with their rights and dignity. Staff received regular supervision and the opportunity to feed back any training needs or concerns they may have.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

There were clear mental capacity assessments in people's care plans to determine how much support people needed to make a decision or whether they had capacity to do this independently. When people had needed help to make a decision, meetings had been held to agree how much support was needed. We read records of best interest meetings that had been held with people, their relatives, GPs and staff to discuss decisions such as whether a minor operation should go ahead. These evidenced that all aspects of the person's rights and well-being had been reviewed before reaching a conclusion.

One person was supported to make their own decisions about a specific area of their life. Lots of discussions and reviews were held with this person to give them the opportunity to talk about what they were happy to do. Staff then took a 'one step at a time' approach with the person to enable them to have control of how much or how little they chose to do on any day.

People's consent was verbally sought by staff when they provided support. For example staff asked "Do you want to speak to [Inspectors]? You choose". Staff showed they understood the principles of the MCA and put these into practice.

Meals were chosen and organised by each individual person so that they had maximum say in what they ate and drank. People in one of the flats however had chosen to have a meal together each Sunday; which they said they enjoyed. One person told us "There is lots of food here and it is good. I help cook the food but staff help if I am unwell." Another said "It's nice here and it's improved. I walk to the supermarket now to do my shopping, before I used to eat lots of take aways".

Some people needed more support around their nutrition. Professional input had been sought for people whose weight required management in some way. Healthy food options were promoted by staff and exercise encouraged to enable people to experience the best quality of life. The provider was looking at technology such as Wii games to support people to be active in a fun way. A relative told us that their loved one needed "A lot of support with food". They went on to tell us that staff "Support when he goes shopping to promote more healthy eating. His care plan shows he shouldn't have too much salt or processed foods. He is prone to putting on weight but has lost some recently; which is entirely due to staff support and guidance-he gets a really nutritious diet".

Good

Is the service caring?

Our findings

People and relatives gave us positive feedback about how caring staff were in the service. One person told us "I'm very happy here and my carer is caring and nice; I'm going to buy her a nice Christmas present". A relative said "Staff have gone over and above to support [person's name]" and another relative told us how staff attended performances in which their loved one appeared in the community. They said "They didn't need to go but it's little things like that we really appreciate".

At our last inspection people's privacy and dignity had not always been considered appropriately. At this inspection people's dignity was protected and staff supported people to live their life the way they wanted; including the way in which they chose to dress or the gender with which they identified. We heard how staff had proactively supported people to 'be themselves' and had provided ongoing and discreet assistance to enable this to happen.

Staff were polite and cheerful and asked people permission before entering their rooms or touching their possessions. One staff member asked a person if we could look at some photos in their room, to which they agreed. The photos were recent and showed the person on holiday, enjoying a pamper night at the flat and having fun at the swimming pool.

Our observations showed that staff treated people with respect and were kind and compassionate. Staff introduced inspectors to people and explained clearly why they were visiting, before finding a quiet, private and appropriate place for people to speak with us if they chose to. Staff gave people reassurance and suggested making tea together to provide other people with space and time to speak with us.

The registered manager and service managers told us how they matched key workers with people so that people and staff with the same interests or hobbies worked together. For example, one person was teamed with staff who enjoyed music and sports as these were their favourite pastimes. A member of staff told us, "It's a good staff team, we all work well together. I became a key worker with a service user I get on with well."

People had communication books and communication passports which documented the ways in which individual people expressed themselves, and the best ways to speak with them. These tools were useful to staff in supporting people day to day and the passports provided invaluable information in the event that people were transferred to hospital. This meant hospital staff would be aware of people's needs and wishes from the outset.

Regular meetings between people and key staff happened so that people could discuss the support they wanted, their meals and planned activities. People said they felt in control of their lifestyles and our observations showed that people took charge of what was happening around them in their own homes. There was a good rapport between people and staff and people felt able to tell staff what they needed them to do for them. There was evidence of positive change and continuous learning about communication. One person had felt upset in the past when staff chatted about their home lives because they felt left out. Staff

had been well-intentioned and thought they were making conversation. Once they were made aware of the impact on this person they had changed their approach to show sensitivity to this person's needs.

People were given support to be as independent as possible. One person had a plastic rim fitted to their plate to stop food being pushed off the edge. This enabled them to enjoy their meal independently. People were supported to do online shopping to give them control and choice and other people were accompanied by staff to go out shopping. A relative told us "[Person's name] has high-level care and is vulnerable. Staff go with him when he goes to the shop and prompt him to cross the road which promotes his independence and I'm happy with that".

Another person told us they liked to do their laundry twice a week and also liked to wash up. Staff spoke positively about enabling people to do things for themselves. One staff said "People need to live as independently as possible-these are their own homes and staff are here to offer and provide support".

Good

Is the service responsive?

Our findings

At our last inspection, some care plans lacked enough detail to ensure people received consistent support according to their wishes. At this inspection care plans were clearly written with instructions of how to support the person, including their preferences, details of individual needs and what was important to people. People had been involved in compiling the contents of the plans and had been able to say how they wanted to be cared for and how much they could do for themselves. Staff said the new style care plans were easy to follow and they updated them with activities, events and outcomes of appointments.

Person centred planning training had been scheduled for staff to improve their knowledge and understanding further. One staff member was taking photos to use in care plans. Plans had been regularly reviewed, updated and contained relevant information about people's care.
Although care planning was more thorough than at our previous inspection, more work could be done to make them accessible to each person, based on their individual needs and providing them with the opportunity to 'own' the plans themselves.

Choice was offered to people and they had developed their preferred routines. People were in control of their lifestyles and timings of what they chose to do each day. One person enjoyed being involved in the preparation of meals for example; and we observed this happening during the inspection.

People's aims and achievements were documented and all the services' managers had undertaken training about planning goals. People had developed their independence skills as a result of goal setting and were now more involved in shopping, budgeting, meal preparation, laundry and using public transport.

People were supported with a range of activities. One person told us how much they enjoyed swimming every week and another told us about their trips to the pub. They spoke animatedly about their visits and how they had become involved with raffles held there. People were supported to go on holiday. One person told us about their holiday and showed us the photo displayed on their wall. They had not been on holiday before and commented, "I loved the holiday (laughing). I loved the Dungeons. We did lots of things. We had three meals a day in our hotel which was great." The holiday had been organised by the person's key worker, who had researched suitable hotels to ensure that necessary equipment was available to enable the person to be properly and safely supported during their stay.

People told us they knew how to raise concerns and make a complaint and were confident that it would be taken seriously and resolved. One person commented, "I had an issue with a member of staff. Management gave a timescale it would be dealt with and it was." A relative told us "If I had a complaint I could go to them [staff]; we are very much involved. This placement is fantastic, it provides the right support".

There was a robust system in place for the management of complaints. These were appropriately logged, investigated and responded to. Complaints were audited so that an overview was maintained of what complaints related to, so that any trends could be identified and acted upon. The service had an easy to read complaints procedure in place and accessible to people using the service. This supported people with

their right to raise any concerns and explained how this should happen and what people could expect to happen as a result.

There was evidence that complaints had been satisfactorily resolved. One person had complained that staff training had taken place in the person's home. Investigation showed that there had been a lack of effective communication about the training and that staff could have been more sensitive to the person's privacy. The majority of training had now been arranged at a separate venue to avoid this situation arising in the future, and the person felt that communication had now improved significantly.

Good

Is the service well-led?

Our findings

One person told us that the service had "Improved with the new [service] manager and assistant. I feel they are approachable". Another person commented "Best management now. I feel I can talk to the management." A member of staff told us, "There is lots of training and I feel confident to go to management if I have a problem, and it will be acted upon, and I'll be supported."

At the last inspection there was a lack of direction and oversight of the service. There was a high turn-over of staff, including management staff. Leadership was inconsistent and ineffective. People were not being listened to and were unhappy with the service. We served a warning notice to the provider to put this right. At this inspection improvements had been made.

There was a registered manager in post who was experienced in providing person centred care and in running domiciliary care services. The registered manager and team had worked hard to make the necessary improvements to the service.

New systems had been implemented to make sure people had the opportunity to say what they thought of the service and raise any concerns. A person commented, "There's good communication now with the new staff and leadership. Management get back to you." A member of staff told us, "Staff share a weekly tenant's meeting to plan the week ahead."

People and their relatives told us that they were asked what they thought of the service provided. A variety of methods were used to gather feedback. Surveys were given to people when they had received the service and their responses analysed so that improvements could be made where necessary. Staff were given the opportunity to provide feedback about the service and any concerns during staff meetings; which also helped to inform the provider about any changes that could make the service better. These meetings were also used to discuss what was working well, what was not working so well and talking about how people's experiences of the service could be enhanced.

A member of staff told us, "They are an amazing bunch of tenants. It has improved in the last six months. I am supported with the paperwork. There is lots of training, e-learning, for example, equality and diversity and how to disarm a situation when it gets challenging." Another member of staff commented, "The staff team are amazing. I enjoy coming into work. If there were any problems I would report them to the manager."

New senior staff had been recruited so there were established teams in each geographical area with a service manager heading each group. A new administrative coordinator role had been introduced and the registered manager said that this had made a significant difference to the organisation of the service. A member of staff told us, "I have a very good [service] manager, [they are] very supportive, any queries and [they] get back immediately. [They] listen to staff and to clients and will assess the situation accordingly."

A new management and auditing system had been introduced that had provided a structured system of

record keeping and checks of the records. This gave the registered manager a good picture of what was being provided at the service, what was working well and what still needed improvement. Service managers routinely sent records into the main office to be checked. Each month a different audit was focused on and service managers carried out the required checks and sent the relevant records to the office. For example one month the focus was on health and safety checks and another month it would be feedback from people; and surveys were sent out and the complaints records were checked. Records included accidents and incidents, staff training and sickness records and complaints. Staff duty rotas included people's allocated hours and which staff were supporting them and these were sent into the office to be checked.

The registered manager had notified the Care Quality Commission of important events as required. The office was well organised. The electronic and paper records and plans were up to date, readily available and were stored securely.